

Homeowner Assistance Claim (for income received in 2005) 9000H

STEP 1**Name and address**

Place label here, type, or print

Your first name		Initial	Last name	
Spouse's first name		Initial	Last name	
Present home address — number and street, PO Box or rural route				Apt. no.
City, town, or post office				State
				ZIP Code
				PMB no.

STEP 2**Social security number (SSN)**Your SSN Your Spouse's SSN **IMPORTANT:**

Your SSN is required.

STEP 3**Filing status**

- Are you a United States citizen? Check "Yes" or "No"** • 1. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
- Benefit Eligibility for Noncitizens** • 2a.
If you are not a citizen of the United States, go to page 10. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 10 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c. (MM/DD/YYYY)
• 2b.
• 2c.
Alien Status Code
Alien Registration Number
Date of Entry
- Check the appropriate box if you were **one** of the following on December 31, 2005:
 - ☐ A. 62 years or older (See **Note** on page 5, line 3a) • A ☐
 - ☐ B. Under 62 and blind • B ☐
 - ☐ C. Under 62 and disabled (not blind) • C ☐**If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.**
- Enter your date of birth** (example: 0 5 / 2 1 / 1 9 4 3) • 4.
You must enter your date of birth MM DD YYYY
See instructions on page 5 to see if you must attach a proof document to your claim.
Date of Birth

STEP 4**Property information from 2005/2006 tax bill**

- Did you own and live in your home on December 31, 2005** 5. ☐ YES ☐ NO
If "No," STOP. You do **not** qualify for homeowner assistance.
 - Enter the NET value of your property.** ☐ • 5a. \$
See page 6
- Is your property used for rental and/or business as well as personal use?** 6. ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 6 ▶ 6a. %
- List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill.**
See page 6.

Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Did this person live in your home in 2005?
- Enter your percentage of ownership** ▶ 7. %

For Privacy Act Notice, see Page 9.

Complete Side 2, Step 5 Through Step 9.

STEP 5

Yearly income of household members

Enter your household income for the 2005 calendar year below. Include the income of your spouse and certain other household members. See instructions for other household members on page 7 and page 8.

8. Social Security and/or Railroad Retirement 8.
9. Interest, Dividends, and/or Gain (or Loss) 9.
10. Pensions, Annuities, and IRA distributions 10.
11. SSI/SSP, (Gold Check). See page 7 11.
(full-year total)
12. Rental and Business Income (or Loss). See page 7 12.
13. Other Income (including wages). See page 7 13.
14. SUBTOTAL. Add line 8 through line 13 14.

(Dollars)

(Cents)

STEP 6

Adjustments

15. Adjustments to income. See page 8 15.

STEP 7

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2005.

Subtract line 15 from line 14 • 16.

If line 16 is more than \$40,811, STOP. You do not qualify.

Do you receive Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC)?

☐ YES ☐ NO**STEP 8**

Homeowner calculation and assistance claimed

17. HOMEOWNER CALCULATION ○ • 17.

Enter 1% of line 5a. See page 8 to see if you must attach a copy of your 2005/2006 property tax bill.

You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.

18. Homeowner assistance claimed. (Cannot exceed \$472.60)

See page 8 ■ 18.

Reminder

If this is your first year filing a Homeowner Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement.)

STEP 9

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete. By signing this claim, I authorize the Franchise Tax Board to mail any assistance to which I am entitled, pursuant to this claim, to the address listed in step one.

Print Name _____

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number • () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡

Date

Check if self-employed
☐

Preparer's social security number/PTIN

FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡

FEIN

TELEPHONE () _____

Do not write in this space

Do not write in this space

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R

RES

Line 7 – Names on Your Property Tax Bill

List the name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. Indicate whether they lived in your home in 2005 by checking “Yes” or “No.”

Enter 100% as your percentage of ownership if the name(s) listed on your 2005/2006 property tax bill include only your spouse or any of the following persons related to you or to your spouse:

- Parents;
- Children or their spouses; or
- Grandchildren or their spouses.

Note: Death or divorce ends the relationship of any individual above who is related to the claimant only by marriage.

Note to Homeowners: You may file only one claim per household each year. Only one owner-claimant is entitled to payment per year. When two or more individuals of a household meet the qualifications, they should decide who will file the claim.

If your interest in your property is a recorded life estate, you are entitled to assistance on the tax assessed on your property.

Complete the following worksheet only if there are owners on your 2005/2006 property tax bill other than the relatives listed above and each owner has an equal percentage of ownership. If each owner does not have an equal percentage of ownership, do not complete the worksheet. Instead, go to line 7 of form FTB 9000H and enter your percentage of ownership.

1. Total number of owners listed on your 2005/2006 property tax bill 1. _____
2. Number of owners, other than those listed above who did not live with you during the period January 1, 2005, through December 31, 2005 2. _____
3. Subtract line 2 from line 1 3. _____
4. Divide the amount on line 3 by the amount on line 1. This is your percentage of ownership of the home. Enter this percentage on form FTB 9000H, line 7 4. _____

Worksheet to Figure the Amount of Homeowner Assistance, Form FTB 9000H

If you want, we will figure the amount of homeowner assistance for you. You may, however, figure this amount by completing line 1 through line 9 for those items that apply to you.

Complete only if the net value of your property as shown on your 2005/2006 property tax bill is more than \$34,000.

1. Enter the net value shown on form FTB 9000H, line 5a 1. \$ _____
2. Divide \$34,000 by the amount on line 1 above (100% maximum) 2. _____ %

Complete only if your property is used for rental and/or business purposes as well as for your home.

3. Enter the percentage of your home devoted to your personal use shown on form FTB 9000H, line 6a 3. _____ %

Complete only if there are owners (other than you and your spouse, or the parents, children, grandchildren [or their spouses] of you or your spouse) listed on your property tax bill who do not live in your home.

4. Enter the percentage of your ownership shown on form FTB 9000H, line 7 4. _____ %

Figure the amount of homeowner assistance.

5. Enter the amount shown on form FTB 9000H, line 17 5. \$ _____
6. Enter the smallest percentage from line 2, line 3, or line 4 above.
Enter 100% if line 2, line 3, and line 4 are blank 6. x _____ %
7. Multiply the amount on line 5 by the percentage on line 6. Enter this amount or \$340.00 whichever is smaller 7. \$ _____
8. Find your total household income on the Homeowner Assistance Schedule below and enter the percentage of assistance here 8. x _____ %
9. Homeowner assistance. Multiply the amount on line 7 by the percentage on line 8. Enter this amount on form FTB 9000H, line 18 9. \$ _____

Homeowner Assistance Schedule

If your total household income is		Your percentage of assistance is	If your total household income is		Your percentage of assistance is
From	To		From	To	
\$0	\$10,201	139%	22,448	23,127	59%
10,202	10,881	136%	23,128	23,807	54%
10,882	11,562	133%	23,808	24,486	49%
11,563	12,242	131%	24,487	25,165	45%
12,243	12,923	128%	25,166	25,848	41%
12,924	13,604	125%	25,849	26,528	36%
13,605	14,283	122%	26,529	27,207	32%
14,284	14,964	119%	27,208	27,887	29%
14,965	15,644	116%	27,888	28,567	26%
15,645	16,325	113%	28,568	29,247	23%
16,326	17,003	110%	29,248	29,927	20%
17,004	17,684	106%	29,928	30,608	17%
17,685	18,365	100%	30,609	32,309	15%
18,366	19,046	94%	32,310	34,009	12%
19,047	19,725	88%	34,010	35,710	10%
19,726	20,405	83%	35,711	37,410	9%
20,406	21,085	77%	37,411	39,110	7%
21,086	21,765	71%	39,111	40,811	6%
21,766	22,447	65%	\$40,812	And Over	0%